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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mall Stop ISSUE FEE**
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26694 7590 09/09/2004

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U.S. Army Medical Research and Materiel Command
Office of the Staff Judge Advocate
ATTN: Ms. Elizabeth Arwine (MCMR-ZA-J)
504 Scott Street, Fort Detrick MD 21702-5012

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J111 Lane Tracey (Depositor's name)
See Lane Tracey (Signature)
October 1, 2004 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/756,907 | 01/10/2001 | John R. Hess | 38644-170537 | 6339 |

TITLE OF INVENTION: COMPOSITIONS FOR TREATMENT OF HEMORRHAGING WITH ACTIVATED FACTOR VIIA IN COMBINATION WITH FIBRINOGEN AND METHODS OF USING SAME

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 12/09/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| MAYER, SUZANNE MARIE | 1653 | 514-012000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Elizabeth Arwine
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

United States of America as Represented
by the Secretary of the Army

U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature Elizabeth Arwine

Date 30 Sep 2004

Typed or printed name ELIZABETH ARWINE

Registration No. 45,867

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